## Application Data Sheet

## Application Information

Application Number::

10/734,372

Filing Date::

December 12, 2003

Application Type::

Reqular

Subject Matter::

Utility

Suggested Group Art Unit::

1649

CD-ROM or CD-R?::

None

Title::

Method for Determining

Sensitivity to Environmental Toxins and Susceptibility to

Parkinson's Disease

Attorney Docket Number::

023868.43877

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 0

Total Drawing Sheets::

0 Small Entity?:: Yes

Petition Included?:: No

Secrecy Order in Parent Appl.?:: No

#### Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Robert

Middle Name::

booW

Family Name::

Williams

Name Suffix::

III

City of Residence::

Memphis

State or Province of Residence:: TN

Country of Residence::

Street of mailing address::

721 Eaton Street

City of mailing address::

Memphis

State or Province of mailing address:: TN

Postal or Zip Code of mailing address:: 38120

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michelle

Middle Name::

Family Name:: Smeyne

Name Suffix::

City of Residence:: Collierville

State or Province of Residence:: TN Country of Residence:: US

Street of mailing address:: 10394 Hulsey Circle

City of mailing address:: Collierville State or Province of mailing address:: TN

Postal or Zip Code of mailing address:: 38017

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name:: Jay

Family Name:: Smeyne

Name Suffix::

City of Residence:: Collierville

State or Province of Residence:: TN Country of Residence:: US

Street of mailing address:: 10394 Hulsey Circle

City of mailing address:: Collierville State or Province of mailing address:: TN

Postal or Zip Code of mailing address:: 38017

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ruby
Middle Name:: Cook
Family Name:: Tharpe

Name Suffix::

City of Residence:: Olive Branch

State or Province of Residence:: MS Country of Residence:: US

Street of mailing address:: 11690 Miller Road

City of mailing address:: Olive Branch
State or Province of mailing address:: MS

Postal or Zip Code of mailing address:: 38654

# Correspondence Information

Correspondence Customer Number:: 28172

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#### Representative Information

Representative	28172	
Customer		
Number::		

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
10/734,372	Non-Provisional of	60/433,437	12/13/2002

# Assignee Information

Assignee Name:: St. Jude Children's Research

Hospital

Street of mailing address::

332 North Lauderdale Street

City of mailing address::

Memphis

State or Province of mailing address:: TN

Postal or Zip Code of mailing address:: 38105

### Assignee Information

Assignee Name::

University of Tennessee

Research Foundation

Street of mailing address::

920 Madison Avenue, Suite 515

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Memphis

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Memphis 222126v.1